

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

May 17, 2012, 9:30 am to 3:00 pm
Iowa State Capitol, Legislative Dining Room
East 9th & Grand Avenue, Des Moines, IA
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick
Lynn Crannell
Richard Crouch
Jill Davisson
Lynn Grobe
Richard Heitmann
Chris Hoffman
David Hudson
Gary Lippe

Zvia McCormick
Laurel Phipps
Deb Schildroth
Patrick Schmitz
Susan Koch-Seehase
Suzanne Watson
Gano Whetstone
Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz
Senator Jack Hatch
Representative Dave Heaton

Representative Lisa Heddens
Dale Todd

OTHER ATTENDEES:

Teresa Bomhoff
Connie Fanselow
Mary Ellen Imlau
Gretchen Kraemer
Geoff Lauer
Liz O'Hara
John Pollak
Ann Riley
Harry Rossander
Joe Sample
Rick Shults
Heidi Smith

Iowa Mental Health Planning & Advisory Council
DHS, MHDS, Community Services & Planning
DHS, Policy Analysis and Coordination
Attorney General's Office
Brain Injury Association of Iowa
U of Iowa, Center for Disabilities & Development
Legislative Services Agency
U of Iowa, Center for Disabilities & Development
DHS, Policy Analysis and Coordination
Iowa Department on Aging
DHS, Administrator MHDS Division
Lutheran Services in Iowa

WELCOME AND CALL TO ORDER

Chair Jack Willey called the meeting to order at 9:05 a.m. Quorum was established. Jack welcomed the four new Commission members and led introductions of Commission members and guests. No conflicts of interest were declared for this meeting.

NEW COMMISSION MEMBERS

- Suzanne Watson has worked for Pottawattamie County for 17 years and is currently serving as their CPC (Central Point of Coordination) Administrator.
- Deb Schildroth has been the Story County CPC for 14 years and has worked for the county in the area of human services and disability for 22 years.
- Jill Davisson is a nurse, parent of an adult son who is profoundly deaf; she has a particular interest in mental health and serves as on the Clinton County Board of Supervisors.
- Patrick Schmitz is Executive Director of the Plain Area Mental Health Center and has been a community mental health center provider for 20 years.

APPROVAL OF MINUTES

Lynn Grobe made a motion to approve the minutes of the April 19, 2012 meeting as presented. Laurel Phipps seconded the motion. The motion passed unanimously.

ELECTION OF OFFICERS

Lynn Grobe made a motion to re-elect Jack Willey as Chair of the Commission for another one year term, and to elect Susan Koch-Seehase as Vice-Chair of the Commission for a one year term. Richard Heitmann seconded the motion. The motion passed unanimously.

POINT OF CLARIFICATION

Rick Shults indicated he wanted to make a point of clarification regarding yesterday's discussion about financial eligibility under the Redesign bill. He explained that the bill passed sets financial eligibility at 150% of FPL (Federal Poverty Level) with the ability to serve people above that income level with co-pays or on a sliding scale. He wanted to clarify that if a person is eligible for Medicaid, then they remain eligible for Medicaid services without regard to that, but the 150% would apply to non-Medicaid services. There is a provision that people who are eligible for federal benefits must apply for those first.

COMMISSION DUTIES

Rick Shults led a discussion of Commission duties, indicating that new duties and existing duties will need to be reviewed and tied together. He shared a preliminary discussion draft summary of the provisions in Senate File 2315 that touch on Commission responsibilities, and indicated that more information will be added to give a clearer picture of the scope of duties as the Division and Commission move forward. Rick started with the underlying goal, which is the vision generated through the Olmstead process that individuals have safe, healthy, productive, successful lives in their homes and communities. The mission is taken directly from Iowa Code Section 225C.1 – delivering uniform services on a uniform financial basis, producing

measurable outcomes, operating with cost effectiveness, and supporting people to live, learn, and work in communities of their choice. The Department will be working on the order things need to happen and specific deadlines in the coming weeks. Some things will need to be done immediately to move forward and others will be developed over time.

County Expenditures - New provisions include the adoption of rules for county expenditures. There are places in the bill itself that already lay out specific expectations. Counties will need to report expenditures using accounting principles laid out by the federal government; the bill refers to these requirements contained in OMB (Office of Management and Budget) circulars. The rules will need to determine how counties and regions will report expenditures and separate administration costs, purchase of services, and services directly delivered by the county or region. There is guidance in the bill on how to build the rules. It is not yet clear whether county expenditures in this instance also means regional expenditures; there are different levels of financial reporting.

Financial Eligibility – There are some existing and some new financial eligibility criteria. The bill includes some specific exemptions for assets, but leaves open the development of rules with regard to other eligibility aspects so some areas will need to be further defined.

Assessment Methodology – There is a new responsibility of consulting with the Director on assessment methodology and developing a more standardized approach for determining what services a person is eligible for based on their functional assessment. Assessments will apply to both Medicaid and non-Medicaid eligible individuals. This activity will also need to be merged with the BIPP (Balancing Incentive Payment Program) process. It will need to be determined who will do the assessments, what specific tools will be used and other particulars.

Outcomes – The Commission's previous work on outcomes was recognized in the bill and it calls for a new workgroup to start with was the Commission did and do further work. It recognizes the use of outcome-based contracting by the State. The State must also meet all federal rules in terms of reporting outcomes. All those factors have to be brought together.

Services – An amendment was added that talks about further defining services and there are opportunities to decide how to further define that in rules or keep rules more broad to allow for greater flexibility. Outcomes need to be consistent, but services could have more flexibility as long as they demonstrate the desired outcomes. Core service domains are identified in the bill, which goes a certain distance. It also calls for the Commission to adopt rules to provide further clarifications.

Standards for CMHCs – The Commission is charged with adopting standards for designated community mental health centers and comprehensive community mental health programs.

Subacute Services - There is an extensive section in the bill on the establishment of subacute services, both facility-based and community-based. DHS and DIA (Department of Inspections and Appeals) are called on to work collaboratively to develop rules for facility-based subacute services. Rick indicated that the DHS can contribute clinical resources and the DIA can contribute facilities expertise to make that collaboration work.

Acute care is currently provided through inpatient hospitalization in accredited hospital facilities, including MHIs (State Mental Health Institutes). It is highly regulated and expensive. There are people who are experiencing significant challenge in their life and need some structure and support but do not need the acute level of around-the-clock medical care and supervision of a hospital. That is subacute care, which can be connected with a hospital or facility, or could be in the community. It is sometimes called step-down services because it is used following an acute hospitalization as an intermediate step before a person goes back home. It is usually a very short term to stabilize a situation and is a lower level of care than acute. It is sometimes difficult to differentiate between a crisis service and a subacute service. Subacute is more of a planned service and crisis is more emergent, but generally the same people will provide both types of services. There could be more than one level of subacute services. The length of time would be individualized, but there would be certain expectations. The goal would be to develop clinically-based rules that would allow for individual flexibility within a set of standard expectations.

The redesign bill authorizes a pilot project for crisis services and one purpose of that is to develop crisis rules that work. There will need to be an ongoing level of support for crisis that is likely not Medicaid reimbursable because it has to be “waiting” some of the time to be available whenever needed. DHS suggested in its Dec. 9, 2011 report that it could be approached by supporting from general fund dollars.

Rules for Regional Management Plans – The Commission is to adopt rules for the regional service system management plan and plan format. There are guidelines for the expectations contained in the bill. To simplify the plans, they are divided into three pieces:

- Policies and procedures
- Annual plans
- Annual report

Exceptions and Waivers - The Commission will consult on the granting of waivers from the minimum number of counties or the requirement providing population parameters by the Director; adopt administrative rules that relate to the criteria for evaluation of an application for an exemption from regionalization; and consult with the Department on making the determination that a region is in compliance and may commence partial or full operations prior to July 2014. There will be a short timeframe for those rules. Counties will be asking about them soon and this is one of the areas where the legislation allows use of emergency rulemaking procedures. Rules for transition funding

would be the first priority and rules for exceptions to joining a region will be the number two priority for the Department. DHS has emergency rulemaking authority for both those areas.

The bill contains some guidelines for exemptions from joining a region. Counties that want to be exempt must demonstrate that they are at least as efficient and at least as effective as a region. Rick said he envisions a dialogue with the Commission on what the Department recommends and getting their feedback. There is interplay between consulting on waivers for region size and rules for exemption from regionalization. In the balance between consulting and rulemaking in this instance, the consultation will need to move quickly because of urgency; in other areas there will be more time for deliberation, but all that has to fit into the larger structure of how rules get made.

Gary Lippe commented that this is a great opportunity for the Commission to have meaningful input into the process. Jill Davisson commented that the bill itself clearly says regions are to be encouraged, so it seems unclear why waivers from regions will be considered. She expressed concern about counties being reluctant to join with other counties that have negative fund balances and how that might affect the ability to form regions. Rick responded that he expects that to be a topic of great discussion for the Transition Workgroup.

Standards for Administrative Costs – The Commission is to adopt rules specifying standards that define regional administrative costs and the methodology for calculating a region's administrative load. This is an area where LSA (Legislative Services Agency) needs to be part of the process; they have been involved in legislative committee meetings and have a great deal of credibility.

Transition Funding Rules – The Commission may use emergency rulemaking procedures to adopt administrative rules to implement the provisions of the Mental Health and Disability Services Redesign Transition Fund. There is guidance in the bill but more detail needs to be fleshed out. There are no specific appropriations for the Transition Fund at this point. Rick said it was his understanding that the Legislature has identified and set aside money to use, but it will not be appropriated until the beginning of the next legislative session in January. There is up to \$20 million of uncommitted money potentially available. Counties are concerned that if they borrow money from their general fund to use this year, there is no assurance that the Legislature will appropriate funds that will allow them to pay it back by June 30, 2013, as is required.

The application process for transition funds has to be able to identify and verify the real level of need in two related areas:

1. Cash Flow - A county might have a plan implementation that balances revenue with spending, but they will not get their property tax levy dollars until October and they need to operate until that time with either a reserve to cover that period, or some other way to cash flow until October.
2. Plan Services – The funds a county has available to pay for services may be less than the services in their plan that they are now providing.

Rick said the intent is that counties should not have to make service cuts because of a purely cash flow issue, however, the second issue of balancing funds available with service costs may have to result in service cuts and reorganization.

Gary Lippe commented that one option is to have the services providers continue to provide the services but not get paid until October. Deb Schildroth pointed out that counties don't receive the entire property tax levy in the fall; it continues to come in throughout the year.

Neil Broderick said that providers may be able to provide services and delay the receipt of payment, but if they do not get paid whole later, whole provider organizations will be put at risk.

Rick said he is convinced that there is a complete and total buy-in by policy makers with the mission and vision and that commitment is critically important.

Regional Plans - The Commission makes recommendations to the Director regarding the approval of regional service system management plans; approves annual plan updates and plan amendments pursuant to recommendations made by the Director.

Service Cost Estimates - The Commission will consult with the Director before the completion of the Department's budget estimate to determine and include in the estimate an amount to address the increase in the costs of providing services that should be appropriated to the fund for the succeeding fiscal year.

Growth Estimates – The Commission is to recommend a growth funding amount for non-Medicaid expenditures to the Department, the Council on Human Services, and the Governor annually by July 15.

These last two provisions have a new timeline designed to bring the Commission recommendations into line with the DHS budget development process.

Summary – The Department will provide a more detailed outline of what has to be included in rules and regional plans according to the legislation. There will also be guidelines provided to counties on what is required to be included in the 28E agreements for the regions. The most time sensitive priorities will be establishing standards for Transition Funding and for counties who want to opt out of regions.

COMMISSION AND MHPC COORDINATION

Jack Willey noted that during the joint Mental Health Planning and Advisory Council (MHPC) and Commission meeting yesterday, Teresa Bomhoff, Chair of the MHPC, gave an overview of the Council and a "Top Ten List" of ways the Commission and Council could work together. Jack asked Teresa to review what she presented for the benefit of the Commission members who were not able to attend the joint meeting.

Teresa reviewed the Council purposes, membership requirements, and current strategic planning activities as presented yesterday. She also reviewed the key ways the two groups could work together, including:

- A free flow of communication
- Collaborating on legislative advocacy
- Having a representative from the Commission attend the DHS advocacy group meetings
- Having a representative from the Commission attend MHPC meetings

Teresa noted that the Council is planning to add a representative from the Iowa Department of Public Health (IDPH) to help address the need for collaboration between mental health and substance abuse services and work toward becoming more co-occurring capable. The MHPC meets the third Wednesday of every other month (January, March, May, July, September, and November), usually in Des Moines, and their meeting schedule is available to anyone who is interested. They are planning a visit to the Iowa Medical and Classification Center at Oakdale in July.

BRAIN INJURY DISCUSSION

David Hudson said that as a Brain Injury advocate, he has had a number of conversations with Geoff Lauer of the Brain Injury Association of Iowa, and they have discussed a number of issues important to the Brain Injury Community. As a result of their discussions, they have selected three items that they would like to bring to the attention of the Commission:

1. Requesting brain injury cost estimates for core and core plus service recommendations tied to assessment.

Geoff Lauer said they would like the Commission to request some cost estimates from DHS for implementing core and core plus services to Iowans with BI by July so that recommendations can be made by this fall for the next legislative session. Geoff said the Senate File 525 Brain Injury Workgroup that met last year came out with a specific set of recommendations that were presented to the Department, and the Legislature has indicated they won't consider funding BI services unless they have cost estimates so they know what that will entail. Geoff indicated he believes the work is 90% done. He noted in response to a question, that the State's definition of BI has changed and is generally inclusive, but specifically excludes neuro-degenerative diseases such as dementia and things that happen prior to birth.

2. Requesting information on out of state placement of children with brain injury.

Geoff said that many families do not have the means to keep their child with brain injury at home and children should not be sent to nursing homes. He said he wants to look at how we can change the regulatory environment to keep children in the State. He cited a 2005 report on people served out of state and commented that he has heard the children have been going to PMICS in other states in recent months. He urged the

Commission to make a request for DHS and DIA to come together and address what can be changed in the law and rules to keep children with brain injuries in Iowa. He said he would also like to request a report on the number of children out of state who have a BI diagnosis, what the barriers are to serving them in Iowa, and recommendations for how we can remove those barriers.

Susan Koch-Seehase commented that under the PMIC rules there is no door for children to come back into the state. It was noted that DIA has been very helpful in getting adults back to Iowa.

3. Requesting support for maximizing the drawdown of federal dollars for BI training.

Geoff said that in 2007 the State allocated \$4.9 million to the Iowa Department of Public Health for brain injury services programs. Two programs remain: (1) Neuro-resource Facilitation to promote nationwide best practice and provide information to families, which is implemented through a contract with the Brain Injury Association of Iowa, and (2) Provider Education to promote access to brain injury training and supports, which is implemented through a contract with the Iowa Association of Community Providers. Susan Koch-Seehase noted that the training element is critical for providers. Geoff said there are currently an estimated 95,000 Iowans living with the long term effects of brain injury and the number is increasing because more people with serious brain injuries are surviving for many reasons, including better vehicle safety and highway design, and improvements in acute care for BI. He noted that the medical community has benefited from what has been learned through treating brain injuries sustained by military personnel. Geoff estimated the number of Iowans with lifetime service needs or at significant risk of placement in long term care facilities at around 50,000. He urged the Commission to ask DHS to partner with IDPH to maximize federal funding for BI training. He also said he would like the Commission to ask for the Department's plan to address these issues and timeframes on when it can be done.

Neil Broderick made a motion to forward the requests to DHS for consideration. Gano Whetstone seconded the motion. The motion passed unanimously.

Connie Fanselow will share her notes of the presentation of these issues with Rick Shults and Theresa Armstrong. Jack Willey and Susan Seehase will follow up with a discussion after DHS has had time to review the requests.

COMMISSION WORK PLAN

The Commission members indicated that they wanted Director Palmer to know they would like to have a representative on each of the workgroups and asked that their request be forwarded informally by MHDS staff unless a formal letter is needed. Members indicated the following areas of interest:

- Outcomes – Susan Koch-Seehase
- Children's Services – Neil Broderick, Gary Lippe
- Transition Funding - Patrick Schmitz, Jill Davisson, Jack Willey

- Judicial – Deb Schildroth, Patrick Schmitz
- Workforce – Chris Hoffman
- Possible group on Continuum of Care/RCFs – Neil Broderick, Susan Koch-Seechase, Zvia McCormick, Chris Hoffman
- Data – no specific volunteers; would be glad to have a Commission member assigned if they could add value to the group

In response to a question, John Pollak indicated he expects the final bill will be ready later today or tomorrow. He agreed to forward it to Connie Fanselow for distribution to the Commission and others.

COMMISSION WORKPLAN DISCUSSION

- The Commission wants to play a significant role in the transition to a regional system
- They feel it is critical that they be included in informal discussions as rules are still in the development phase, not just reacting to a finished product
- They want to hear the DHS philosophy of the rules and be engaged in formulating the intent and how new rules will affect people and programs and meet the goals that are valued by the stakeholders
- They want to work with DHS to operationalize their duties and meet timelines

A break for lunch was taken at 12:05 p.m.

The meeting resumed at 1:00 p.m.

OPEN MEETINGS, CONFLICT OF INTEREST, AND ETHICAL CONSIDERATIONS OF BOARD AND COMMISSION MEMBERSHIP

Gretchen Kraemer gave a short annual review of Iowa's open meetings requirements and conflict of interest and ethical considerations for Commission membership.

Open Meetings

- A meeting agenda should be specific enough so that people can recognize when items they are interested in are going to be discussed or acted on
- It should designate items for action
- It should give people opportunity to come and hear what they want to hear
- There are Sunshine Advisory Bulletins on the Sharepoint that Commission members can review for more information
- The Attorney General's Office advises that new ideas which are not on the agenda should be put on the table and addressed at a later meeting unless emergency action is required – that enables people to come and hear the discussion and deliberation
- Minutes need to be made public and should really let you know what happens during the meeting
- Committees are not necessarily subject to the open meeting law but they can be

- If less than a quorum attends and the committee does not have final decision-making authority
- If you have a quorum present, you can assume that discussion should be an open meeting
- The Attorney General's (AG) recommendation would be not to vote on something unless it is on the agenda
- Quorum applies to any gathering of Commission members even if it is social
- 24 hours' notice is required for public meetings
- Public comment time is not required by law but is encouraged by the AG's Office

Conflicts of Interest:

- Conflicts of interest or even apparent conflicts of interest should be disclosed to make sure there is no appearance of conflict
- Members should disclose before voting on anything in which they have a financial or other interest
- The conflict can be disclosed at the beginning of the meeting or the members can abstain at the time the vote is taken

In response to a question, Gretchen explained that a formal Attorney General's opinion can only be obtained by going through an administrator or legislator, but Commission members can ask Gretchen to answer questions or give verbal responses anytime. Formal AG opinions are also declined in the case of pending litigation or a pending claim before an administrative law judge because in those situations there is another process for resolution.

THE ADMINISTRATIVE RULEMAKING PROCESS

Harry Rossander and Mary Ellen Imlau presented an overview of the Department of Human Services administrative rulemaking process that includes the Commission.

- It is a complex process that is designed to be thoughtful and forthright
- It is intentionally built to consider the impact of proposed rules and ensure that it is thoroughly understood
- Iowa Code Chapter 17A is the Iowa Administrative Procedure Act (APA)
- It authorizes state agencies to develop and adopt rules and sets minimum procedures for the agency to follow when it takes action that affects the rights and duties of the public
- The purpose of the APA is to increase:
 - Legislative oversight of agency actions
 - Public accountability for agencies
 - Public access to government information
 - Public participation in government decision-making

A rule is a statement of general applicability that:

- Implements a federal or state law or policy
- Interprets a federal or state law or policy

- Prescribes state law or policy
- Or describes the agency's organization, procedure or practice requirements

A rule is not required for statements concerning:

- The internal management of the agency
- The residents of a state facility
- Prices of goods or services furnished by DHS
- Criteria for audits, inspections, or negotiations

Rulemaking is a delegation of legislative authority:

- Administrative rules have the force of law
- An administrative agency has no independent law-making power
- Rulemaking authority must be expressly delegated by statute
- There have to be checks and balances in place as there is with lawmaking

A rule is valid when:

- It is based on a law that is constitutional and specifically authorizes the agency to make rules
- It has completed the required rulemaking process
- It is within the authority of the agency and is reasonable

Rules are required to describe:

- Agency structure, programs and mission
- Methods for public to get information or make requests
- The nature and requirements of all formal and informal procedures available to the public
- All of the forms and instructions used by the public
- Standards, principles, and procedural safeguards

Things constantly change and evolve and rules have to evolve with the changes. The DHS has the largest number of rules of any organization in the State.

Rules are published by the Legislative Services Agency (LSA):

- The Iowa Administrative Code is the published collection of the administrative rules of all state agencies
- The Iowa Administrative Bulletin is a biweekly pamphlet that announces rules proposed or adopted by state agencies
- Copies can also be found on the DHS Policy Analysis website at www.dhs.iowa.gov/policyanalysis

Rules may need to be created or clarified due to:

- New state legislation
- New Federal regulations or changes in Federal regulations
- Policy or procedural changes
- Public request for changes
- Internal review (identifying that there is a better way to do it)

In order for DHS to make a rule:

- The proposed rule change must be identified and developed in the broadest general terms
- A notice of the proposed changes must be published
- Comments must be gathered from the public
- The proposed rule must be submitted to administrative and legislative oversight
- The final rules must be adopted
- The final rules must be published

The Administrative Rules Coordinator provides templates to assist staff in writing rules. Following the regular schedule, the process takes 6 or 7 months.

The bodies that can approve, disapprove, or give guidance on DHS rulemaking are:

- The Council on Human Services
- The Mental Health and Disability Services Commission
- The hawk-I Board

It is the primary function of these bodies to decide whether to adopt a rule.

Several entities have oversight of the rules:

- The Council, Board or Commission
- The Administrative Rules Coordinator in the Governor's Office
- The Attorney General's Office
- The Administrative Rules Review Committee (ARRC)
- The General Assembly

Agency staff:

- Drafts proposed changes
- Prepares rule packets consisting of:
 - The proposed rule
 - An information paper answering eleven questions
 - A fiscal review
 - Gets administrative and fiscal approval
 - Submits the rules to the Publications Unit (Mary Ellen Imlau and Harry Rossander)
 - Reviews the products
 - Responds to comments

The regular rulemaking process is a thoughtful process of steps that takes:

- A total of about six months:
 - 19 days for the initial publication
 - 35 days for comment
 - 19 days for final publication (rule adopted)
 - 35 days for implementation
 - Add time necessary for approval by Council, Board, or Commission

It is possible to do it somewhat faster using the emergency rulemaking process

Emergency rule making criteria:

- The comment period may be waived if any one of the following applies:
 - It is unnecessary (for example, the rule change is based on a federal changed such as an annual adjustment in the amount of the federal poverty level)
 - It is impracticable
 - It is contrary to public interest
- The implementation period may be waived if any of the following applies:
 - Legislation specifically permits it
 - It confers a benefit or removes a restriction
 - There is imminent peril to public health or safety

Waiving the comment period shortens the process on the front end and waiving the implementation period shortens the process on the back end. Both may apply.

The Emergency Rulemaking Process still takes time:

- For rules adopted without notice of intended action by implemented regularly – about 4 months
- For rules adopted emergency after notice of intended action - about 4 months
- For rules adopted without notice of intended action and implemented immediately – about 2 months
- Those are the bare minimum times – there is still a procedure that must be followed

When making emergency rules, the regular rule making process of often followed at the same to get public comment.

The Legislative Administrative Rules Review Committee can:

- Direct the agency to do more consensus-building on proposed rules
- Delay the effective date of the rule by 70 days or until the end of the next legislative session
- Refer the rule to the General Assembly

Harry noted that the Department works very hard not to have any of those issues, to provide transparency and prevent delays.

RULEMAKING PROCESS MAP

Harry used the rulemaking process map to further illustrate the Commission's role in the process. It includes four blue hexagonal bullets that represent steps at which the Commission must be involved.

Public hearings are not required on all rules, but if they are published and 25 people ask for a hearing it is required. At that point the timeline would have to be extended, so if

there is reason to believe that the public will have an interest in commenting, a public hearing is usually scheduled upfront. It can be a single hearing, it can be at several locations around the State, or it can be over the ICN (Iowa Communications Network). Public hearings give people the opportunity to give testimony. Comments can also be submitted by mail or email.

Stakeholders need to be involved while rules are being developed. In the case of the Commission, members can have input on intent and be involved in the development of the concepts while the staff does the actual writing. A calendar is provided every month to the Council on Human Services that shows the rules in process. It is appropriate for the DHS staff to put rule development on the agenda and discuss a draft or content prior to the final draft review.

- All time frames are an absolute minimum
- If a lot of comments are received, it may take longer
- It is not possible to be sure that when you start the timeline, you will finish when you plan to finish
- If the process takes too long, sometimes it is necessary to re-start it with another notice

Theresa Armstrong said the Department needs to get its work plan in place and then coordinate it with the Commission to determine the points of interplay. Some of the rules called for to implement Redesign will need to work quickly. It is likely that rule development will be an item on every meeting agenda for a while.

COMMISSION COMMITTEES

Commission members discussed forming committees and how they can work to stay in tune with what's going on in Redesign and help influence it. They decided to form two committees and share responsibility for rules work and other tasks by assigning it to one of the committees. They are:

Funding/Transition Issues:

Susan Koch-Seehase, Chair
Patrick Schmitz
Lynn Grobe
Dale Todd
Richard Crouch

Zvia McCormick
Chris Hoffman
Richard Heitmann
Deb Schildroth

Regional Issues:

Jack Willey, Chair
Laurel Phipps
Suzanne Watson
David Hudson
Neil Broderick

Jill Davisson
Lynn Crannell
Gary Lippe
Gano Whetstone

The committee chairs will work with Connie Fanselow to plan phone conference meetings and members will be informed. Connie will also send out copies of the final enrolled bill with Commission references highlighted as soon as it is available.

David Hudson suggested looking at the four priority areas the Commission prepared for the Legislature last fall and following through. He said he wants the Commission to maintain a strategic role.

PUBLIC COMMENT

No public comment was offered.

The meeting was adjourned at 2:45 p.m.

Minutes respectfully submitted by Connie B. Fanselow.